

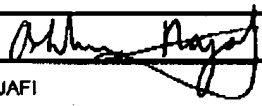
MAY 02 2005


PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/691,034	
	Filing Date	10/23/2003	
	First Named Inventor	PAUL REESE TOOMER	
	Art Unit	3673	
	Examiner Name	MICHAEL TRETTEL	
Total Number of Pages in This Submission	2	Attorney Docket Number	DIS1052

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PTO/SB/02 (09-04)

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/691,034
Filing Date	10/23/2003
First Named Inventor	JOHN REESE TOOMER
Art Unit	3673
Examiner Name	MICHAEL TRETTEL
Attorney Docket Number	DIS1052

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR


☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	JOHN REESE TOOMER				
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	JOHN REESE TOOMER		
Date	4/19/2005	Telephone	407-957-5683

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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